

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-08-2001 90004 009 ****70.00

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1. Entity Name

DARVILLE'S PRESCHOOL: AN EDUCATIONAL FOUNDATION.

Principal Place of Business

4695 DYSON CIR N.
 WEST PALM BEACH FL 33415

Mailing Address

1143 LAKE BREEZE DRIV
 WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0744670

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DARVILLE, SABRENA M	
STREET ADDRESS	1143 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARY	
STREET ADDRESS	1280 LAKE BREEZE DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARVILLE, CALVIN	
STREET ADDRESS	1143 LAKE BREEZE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	1280 LAKE BREEZE DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, STEVE	
STREET ADDRESS	1025 GRANDVIEW CIR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, WENDY	
STREET ADDRESS	8789 APT D DOVE LAND DR	
CITY-ST-ZIP	PAHOKEE FL 33476	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker, Henry	
STREET ADDRESS	871 Palm Blvd.	
CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	Elijah Worthy, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1316 S.W. Ave. B.	
STREET ADDRESS	Belle Glade, Florida	
CITY-ST-ZIP	33460	
TITLE	Lakertha Babb/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13727 Sunflower Court	
STREET ADDRESS	Wellington, FL 33414	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Charles	
STREET ADDRESS	1280 Lake Breeze Dr.	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Wendy	
STREET ADDRESS	8789 Apt D Dove Land Dr.	
CITY-ST-ZIP	Pahokee, FL 33476	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Johnson Charles Johnson 5/24/01 (561) 798-0273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)